

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/549357

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5		3		1			55						
6		1		1			56						
7		①		1			57						
8	1		1				58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		1		1			63						
14		1		1			64						
15		①		1			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
21		1		1			71						
22		3		1			72						
23		3		1			73						
24		①		1			74						
25		①		1			75						
26		①		1			76						
27		①		1			77						
28		①		1			78						
29	1		1				79						
30		1		1			80						
31		1		1			81						
32		1		1			82						
33		1		1			83						
34		4		1			84						
35		①		1			85						
36		①		1			86						
37		①		1			87						
38		①		1			88						
39		①		1			89						
40	1		1				90						
41		1		1			91						
42		①		1			92						
43		①		1			93						
44		①		1			94						
45		①		1			95						
46		①		1			96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	4	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	42	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			46				TOTAL CLAIMS						